

DIVISION OF DEVELOPMENTAL DISABILITIES

APPROVAL NOTIFICATION OF HCBS WAIVER ASSIGNMENT

RE:
FOLD HERE FOR WINDOW ENVELOPE
Dear:
This letter is to notify you that in response to your request for enrollment in one of the four DDD Home and Community Based Services (HCBS) waivers: Basic , Basic Plus, Core , and Community Protection , DDD has approved your assignment to the Waiver.
☐ This is your initial assignment to a HCBS Waiver. Any new rules will not affect you until your first waiver Plan of Care (POC) is developed in a meeting with your Case Resource Manager.
☐ This is a change from your original HCBS Waiver assignment. Your current services will continue until your Case Resource Manager effectively transitions you to a different setting (if that is necessary) and develops a new POC.
You were assigned to the waiver on the basis of meeting one of the priority populations listed in WAC 388-845-0045 :
 You are a current waiver enrollee who requires a different waiver because your needs have changed. You are one of the following priority populations: a) A member of a priority population as identified and funded by the legislature. b) A person that DDD has determined to be in immediate risk of ICF/MR admission due to unmet health and safety needs. c) A person identified as a risk to the safety of the community. d) A person currently receiving services through state-only funds. You need the services of the Basic Waiver to be maintained in your family's home.
The new rules (Washington Administrative Code) are available online at http://www1.dshs.wa.gov/ddd/waivers.shtml .
Please call your Case Resource Manager if you have questions or concerns.
Thank you.
CASE RESOURCE MANAGER NAME TITLE
TELEPHONE NUMBER (INCLUDING AREA CODE) EMAIL ADDRESS
Cc: Client File

DSHS 15-292 (11/2004)